

<b>CLAIMS ONLY</b> <i>Multiples</i>						Application Number <div style="font-size: 1.2em; font-family: cursive;">10/662071</div>		Filing Date	
						Applicant(s)			

  

* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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